COLLEGE OF DUPAGE

Physical Therapist Assistant Program

Associate of Applied Science Degree

Fall 2027

One application cycle per year
Program starts only in the Fall semester
Program is in-person only and admits approximately 20 students per cycle

Application Deadline:
June 7, 2027 at 5 p.m.

Program Chair:
Jill Dziak, PTA, M.Ed., CBIST
(630) 942-3491 or dziakj@cod.edu

Health Science Division Refund Policy
Health Science students acknowledge that program-related expenses are non-refundable if they voluntarily withdraw or are dismissed from the program for any reason. Non-refundable expenses include, but are not limited to, program application costs, tuition, laboratory fees, malpractice insurance, clinical site software account fees, health and clinical compliance requirements, Medical Document tracking software account fees, uniforms/scrubs, textbooks, supplies, and other expenses associated with enrollment or participation in the Health Science Program.

By accepting admission or registering for the program, students acknowledge their financial responsibility for these expenses and understand that withdrawal or dismissal from the program does not constitute grounds for refund of reimbursement.

Physical Therapist Assistant (PTA) Program

The Physical Therapist Assistant (PTA) program at College of DuPage is an Associate in Applied Science (A.A.S.) degree program consisting of 26-28 semester credit hours of general education courses and 43 semester credit hours of PTA core courses.

- The PTA program core courses are spread sequentially over five semesters. Each course is offered only once per year.
    - During the 1st semester, most of the PTA program core courses are scheduled in the day/afternoon. During the 2nd -5th semesters, most of the PTA program core courses are scheduled primarily after 3pm. Times are subject to change.
    - Clinical experiences during the second year of the PTA program are primarily during the day. Core courses will be scheduled around clinical experiences and offered primarily in the evenings.

PTA Program Expectations of Applicants Accepted to the PTA Program

- Once admitted, in order to continue in the PTA Program, a student **must** maintain an overall COD GPA of 2.0 and earn a minimum grade of **"C" in each** PTA program **lecture core course**. A student **must** earn a minimum grade of **"B" in each** PTA Program **clinically based laboratory core course** (and "Satisfactory" in each Clinical Practicum). While acceptance to the PTA program does not guarantee successful completion of the PTA program, COD and faculty are committed to promoting success for PTA students and fostering an optimal learning environment.

A student who withdraws or is dismissed from the program is not guaranteed readmission. A student who is dismissed from the program for noncompliance or professional misconduct will not be eligible for readmission. (Details regarding the PTA program withdrawal policy may be obtained from the PTA program chair.)

Program General Education Course Requirements

Although not required, it is highly recommended that applicants complete general education courses by the end of the spring semester preceding fall admission. Passing grades are required for all general education courses required for this degree.

Course	Semester Credit Hours	Suggested or Required Courses
Communication	**6**	
Written	3	English 1101
Oral	3	Speech 1100 or 1120 or 1150
Physical/Life Sciences	**8**	
Anat. & Phys. 1551 *or* 1571	4	**ANAT 1551 or ANAT 1571 is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
Anat. & Phys. 1552 *or* 1572	4	**ANAT 1552 or ANAT 1572 is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
Mathematics	**3-5**	Math 1100 or higher (except MATH 1104 & 1120) listed in College of DuPage Catalog such as: Math 1102
Humanities/Fine Arts	**3**	Any Humanities/Fine Arts class (3 sem. hrs.) listed in College of DuPage Catalog such as: Philosophy 1112
Social & Behavioral Sciences	**3**	Any Social & Behavioral Sciences class (3 sem. hrs.) listed in College of DuPage Catalog such as: Anthropology 1100, Psychology 1100, or Sociology 1100
Global/Multicultural or Contemporary Life Skills	**3**	**Biomedical Terminology, Health Sciences 1110 fulfills this requirement and is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
TOTAL General Education Semester Credit Hours	**26-28**	

Core PTA Program Sequence*

First Year of Program			
Course	**Semester Credit Hours**	**Lecture Hours**	**Lab Hours**
FALL			
Intro to PT (PHYTA 1100)	2	2	0
Basic Health Care Skills and Principles of Soft Tissues (PHYTA 1109)	3	2	3
PTA Total Patient Care (PHYTA 1114)	1	1	0
PTA Kinesiology (PHYTA 1205)	5	4	2
SPRING			
PTA Pathophysiology (PHYTA 1207)	2	2	0
PTA Therapeutic Assessment and Basic Intervention (PHYTA 1211)	4	2.5	4.5
PTA Therapeutic Modalities (PHYTA 1301)	4	2.5	4.5
SUMMER			
PTA Special Patient Population (PHYTA 2104)	3	2.5	1.5
PTA Documentation (PHYTA 2110)	1.5	1.5	0

Second Year of Program			
Course	**Semester Credit Hours**	**Lecture Hours**	**Lab Hours**
FALL			
PTA Neuromuscular and Cardio Rehab (PHYTA 2103)	4	2.5	4.5
PTA Advanced Ortho Rehab (PHYTA 2112)	4	2.5	4.5
PTA Clinical Practicum I (PHYTA 2122)**	1.5	.5	1
SPRING			
PTA Professional Issues (PHYTA 2214)	1	1	0
PTA Clinical Practicum II (PHYTA 2223)** (First 8 weeks)	2.5	.5	2
PTA Clinical Practicum III (PHYTA 2224)** (Second 8 weeks)	3	.5	2.5
PTA PROGRAM CORE COURSE CREDIT HOUR TOTAL:			**41.5**

***College of DuPage reserves the right to revise curriculum without notice.**
***This sequence does not include general education courses. Please refer to student handbook for this information.**
****These hours may be apportioned into 8-hour days or adjusted as the clinical facility sees fit.**

The "lab" portion of all PTA Clinical Practicum (CP) courses is scheduled during the day, generally Mondays through Fridays.
In general, the lab portions of the clinical practicums are currently scheduled in the following manner (however, College of DuPage reserves the right to revise the number of CPs without changing the total number of hours):

- PTA Clinical Practicum (CP) I is scheduled for three 8-hour days per week for six (6) weeks.
- PTA Clinical Practicum (CP) II is scheduled for four 8-hour days per week for eight (8) weeks.
- PTA Clinical Practicum (CP) III is scheduled for five 8-hour days per week for eight (8) weeks.

Application Checklist

NOTE: Admission Committees for Health Science programs have the right to deny admission to any applicant that they feel is unable to fulfill or abide by the policies and procedures as described on the PTA website and in this packet.

Decision letters are sent via e-mail approximately 4-6 weeks from the deadline date

It is the applicant's responsibility to ensure that all materials listed below have been completed and received by the designated office, by the application deadline.

_____ 1. Attend a **Physical Therapist Assistant** Information Session. Please click on the words 'Information Session' above, it will take you to a webpage with upcoming dates/times/locations of sessions. You do not need to register to attend/view.

_____ 2. Health Insurance proof **– Does not need to be submitted**
Students are expected to provide proof of a **Comprehensive Health Insurance Plan** prior to the start of the program. The comprehensive health insurance plan must cover you **throughout the length of your clinical experience**, which in most cases, consists of the entire length of the program. If you are in need of health insurance, please see important dates below and visit https://cod.studentbenefitplans.com/bpg-insurance-individual/.

IMPORTANT DATES:
November 1st through **mid-January - Open Enrollment** (only option to apply)

If you miss open enrollment but have a qualifying life event, you can apply during a Special Enrollment Period.

*While we **cannot** guarantee your official acceptance into the program, you need to be aware that there is short timeframe of when you can purchase a health insurance plan. The purpose of this step is to make you aware that the time to research is **NOW**. Purchasing health insurance outside of this timeframe may take months and prohibit your admittance into the program.*

NOTE: Obtaining health insurance is NOT an application requirement so nothing needs to be submitted, but it is a requirement to be in the program.

_____ 3. If you are not a College of DuPage student, complete the **non-refundable** $20 College of DuPage General Admissions Application online. **This application is for general admission to College of DuPage only; it is not an application to the Health Career Selective Enrollment PTA program.**

_____ 4. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official transcripts from institutions that you have attended.

a. Submit your official transcript(s) to **College of DuPage, Office of Student Records**. ***If College of DuPage is the only institution you have attended, you do not need to request official transcripts.***

b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website https://cod.edu/records/international-transcript-evaluation.aspx for details.

_____ 5. Complete the **non-refundable** $50 Health Career Selective Enrollment Program Application online by logging into the student portal at https://inside.cod.edu

- Click on myACCESS for Students
- Click on the Health Careers Applications link
- Select Health Careers Application
- Select **Physical Therapist Assistant Degree** when asked "What selective enrollment program are you applying to?"

Once the application is submitted, you may not change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer

_____ 6. Complete the College of DuPage Residency Verification form and provide proof of residency to the **Office of Student Registration Services** by e-mailing to registration@cod.edu by the program application deadline date. You **MUST** send from your **@dupage.edu** e-mail address.
Note:

- **If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission.**
- **Separate Residency Verification Forms must be submitted for each program application.**

_____ 7. Submit the completed Clinical Requirement Acknowledgement Form (page 9) to hsadmissions@cod.edu.

_____ 8. **TWO (2) Recommendation Forms** from individuals who can attest to the applicant's clinical and/or academic ability are required. Forms completed by friends or relatives of the applicant are unacceptable. (**Pages 10-11**). E-mail them to hsadmissions@cod.edu.

NOTE: When e-mailing forms to hsadmissions@cod.edu, the form MUST be submitted by the recommender. Submissions by the applicant will not be accepted.

- The enclosed forms must be used according to the instructions on the forms.
- One form **must** be completed by one of the applicant's college-level instructors or high school if no college credits have yet been earned.
- One form **must** be completed by a Physical Therapist (PT), a Physical Therapist Assistant (PTA) or Manager/Supervisor at current job who can attest to the applicant's clinical or vocational ability. If it is a PT or PTA, this should come from a PT or PTA who has interacted with applicant during work, volunteer, or observational experiences. If it is a Manager/Supervisor, this should come from a current Manager/Supervisor who is currently interacting with applicant.
- If an exception is warranted, applicant must email PTA Program Chair with a written request and reason for the exception. The PTA Program Chair will respond after the approval review is completed.
- Scoring is as follows: Above Average (3 pts); Average (2 pts); Below Average (1 pt); N/A Unable to Assess (does not affect score)

_____ 9. Take the HESI-A2 Admission Assessment exam at the College of DuPage Testing Center (BIC 2A06) by the application deadline. Visit the Testing Center webpage to register for upcoming test dates. The test will take approximately 4 hours to complete. Please plan accordingly. Exams can only be taken at COD's Glen Ellyn Testing Center, scores outside of COD will not be accepted. Your first step towards taking the HESI-A2 exam is to email the Testing Center at academictesting@cod.edu for payment information. You will pay for the 'HP Evolve' test. Within 2 business days, you will receive an email from the Testing Center on how to register for the test.

For more information about the exam and how to prepare visit Admission Assessment Exam Review book.

You will be tested in the following areas: Reading Comprehension, Vocabulary & General Knowledge, Math, and Anatomy & Physiology. You will also complete the Learning Style and Personality Profile sections, but these sections will not be awarded merit points.

Please allow 3-5 business days for results to be posted to your student record from the date of the exam. If your results are not showing in your student record, please contact the Testing Center at academictesting@cod.edu.

To be considered eligible for admission, a score of 65% or higher must be obtained on all sections. Additional merit points are available for higher A&P percentage scoring.

The HESI-A2 exam can be taken for a total of 2 attempts in the application cycle. If the exam is taken twice, the highest scores in each category for the last 2 exams will be used for merit evaluation. HESI-A2 testing must be completed within 5 years of the application deadline in order for it to be valid for application purposes.

_____ 10. **OPTIONAL FOR ADDITIONAL MERIT POINTS: Certification or Licensure in the Healthcare field.**

- **E-mail a copy of your current healthcare certification or licensure to** hsadmissions@cod.edu.
- Only current copies will be awarded points. No outdated or expired certifications or licenses will be accepted.
- Please contact the PTA Program Chair for questions about acceptable vocations.

_____ 11. **OPTIONAL FOR ADDITIONAL MERIT POINTS: Documentation of Physical Therapy Clinical Experience Hours** (**Page 12**) E-mail the proper forms to hsadmissions@cod.edu.
NOTE: When e-mailing forms to hsadmissions@cod.edu, the form MUST be submitted by the evaluator filling out the bottom of this form. Submissions by the applicant will not be accepted.

- **A separate form must be submitted for each experience, facility or setting**
- Forms **must be completed** by a Physical Therapist (PT) or Physical Therapist Assistant (PTA) documenting a **total minimum of 20 hours** of PT clinical experience (hours may be from single or multiple facilities)
    - Employment experience will be valued at higher merit points than volunteer or observation.
- Applicant response to knowledge gained will be included in the area provided on the form.
- Clinical experience **must occur within the last five (5) years.**

"All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports."

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the $50 non-refundable Health Science application fee and re-submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

Merit Evaluation
Physical Therapist Assistant Program
(subject to change)
For your reference only; admissions committee completes this form. Do not fill out and submit

Name: _____ **Student ID#:** _____ **Date:** _____

Proof of Residency — Yes or No (circle)

Completed HESI A2 Exam with min 65% in RC/VGK/Math/A&P (Reading Comprehension, Vocabulary & General Knowledge, Math, and Anatomy & Physiology) — Yes or No (circle)

Submitted Clinical Requirement Acknowledgement Form — Yes or No (circle)

Submitted 2 Recommendation Forms — Yes or No (circle)

General Education Course Required to Graduate*	Credit	Grade
ENGLI 1101		
SPEEC 1100, 1120 or 1150		
HLTHS 1110		
ANAT 1551 or ANAT 1571		
ANAT 1552 or ANAT 1572		
MATH 1100 or Higher		
Humanities / Fine Arts (3 credit hrs.)		
Social / Behavioral Sciences (3 credit hrs.)		

**Any course may be coded as "satisfied" and will not be counted towards your GPA.*

Points

GPA of Degree Courses(Scale A) _____

Gen Ed Course Completion (Scale A) _____

PHYTA 1100 (Scale A) _____

Accredited College/University Degree (Scale B) _____

Health Care Provider Certification or Licensure (Scale B) _____

Clinical Experience in Physical Therapy Setting (Scale B) _____

HESI-A2 Exam (A&P) –Points based on PERCENTAGE (Scale C) _____

Points Earned:

_____

Recommendation Forms*

#1 Professor Evaluation – Average Score _____

#2 Clinical Evaluation – Average Score _____

**Applicant will not be considered for program placement if Summary of Recommendation indicates "Do Not Recommend"*
***Applicant will have one full point subtracted from this recommendation forms section if Summary of Recommendation indicates "Recommend with caution"*

Average Recommendation Forms Score Total = _____

TOTAL POINTS:

_____

SCALE A	SCALE B
GPA 3.01 – 3.20 = 1.0 3.21 – 3.40 = 1.5 3.41 – 3.60 = 2.0 3.61 – 3.80 = 2.5 3.81 – 4.00 = 3.0 Gen Ed Completion 0 courses needed = 4.0 1 course needed = 2.0 More than 1 course needed = 0.0 PHYTA 1100 = 0.25 if grade of "A" w/in 5 years	Associates: = .25 Bachelor: = .5 Master or Doctorate = .75 Healthcare Certification/Licensure = .50 Clinical work experience (min 20 hrs) = .75 Clinical volunteer experience (min 20 hrs) = .50 Clinical observation experience (min 20 hrs) = .25

Scale C	
96-100%	= 1.0
90-95%	= .75
85-89%	= .50
80-84%	= .25

College of DuPage
Nursing & Health Sciences Division
Clinical Requirement Acknowledgement

In this program, clinical requirements must be completed prior to the first clinical rotation. Please see the Clinical Requirement packet for details. **Please do not complete these requirements until you are instructed to do so.** Failure to complete the clinical requirements may result in dismissal from the program.

I, hereby, acknowledge that:

a. I have reviewed the Clinical Requirement packet for the program and understand that the program has requirements that must be completed during specific time periods as directed.

b. I have reviewed and understand that enrollment and participation in the clinical component of the program is subject to the practices and requirements of the clinical site, which may necessitate additional clinical requirements.

c. I understand that failure to complete and maintain the clinical requirements mandated by the program, and/or the clinical site, may delay program start, prevent registration or lead to program dismissal.

_____ _____

Signature **Date**

_____

Print

_____

Program Name

Email to hsadmissions@cod.edu

Revised 11/12/25

College of DuPage Physical Therapist Assistant
Program Recommendation Form (Due June 7, 2027)

Section A: Must Be Completed By Applicant

Applicant's Name:_____ Applicant's E-mail Address:_____

Applicant's Street Address: _____

City: _____State:_____ Zip Code: _____

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign: ☐ I waive my right of access to this recommendation.
☐ I do not waive my right of access to this recommendation.

Applicant's Signature: _____

* *

Section B: Must be completed by applicant's instructor, clinical supervisor (PT/PTA) or manager/supervisor. Please proceed only if Section A has been completed and signed by the applicant.

The above individual is applying for admission to the Physical Therapist Assistant (PTA) program. The PTA program requires the completion of two recommendation forms. Recommendation forms completed by friends or relatives of the applicant are unacceptable. Please rate the applicant on the following characteristics by **checking the appropriate boxes.** (***If unable to assess any specific category, please check "N/A", as this does not harm the applicant's application in any manner.)***

	Above Average	Average	Below Average	(N/A) Unable to Assess
Academic Ability				
Clinical Ability				
Written Language Skills				
Oral Language Skills				
Critical Thinking Skills				
Leadership Skills				
Respect for Others				
Motivation				
Punctuality/Dependability				
Maturity				
Initiation				
Kinesthetic Awareness				

How long have you known the applicant? ☐ Less than 1 year ☐ 1-3 years ☐ More than 3 years

Did you supervise the applicant? ☐ Yes ☐ No

How well do you know the applicant? ☐ Very well ☐ Fairly well ☐ Not well at all

Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:

- ☐ Critical Thinking
- ☐ Communication
- ☐ Problem Solving
- ☐ Interpersonal Skills
- ☐ Responsibility
- ☐ Professionalism
- ☐ Use of constructive feedback
- ☐ Effective use of time & resources
- ☐ Stress Management
- ☐ Commitment to Learning

Explain / list examples of strengths indicated:

Please check observed WEAKNESSES demonstrated by this applicant:

- ☐ Critical Thinking
- ☐ Communication
- ☐ Problem Solving
- ☐ Interpersonal Skills
- ☐ Responsibility
- ☐ Professionalism
- ☐ Use of constructive feedback
- ☐ Effective use of time & resources
- ☐ Stress Management
- ☐ Commitment to Learning

Explain / list examples of weaknesses indicated:

Summary of Recommendation (Please check one)

☐ Recommend

☐ Recommend with caution (Please explain)

☐ Do not recommend (Please explain)

Name of person completing this form:	
Date:	
Signature/Title:	
Institution or Facility:	
Address:	
E-mail:	

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form.

College of DuPage Physical Therapist Assistant Program
Documentation of Physical Therapy Clinical Experience Hours (Due June 7, 2027) (*optional for additional merit points*)

- The PT clinical experience may be gained through employment, volunteer or observation within last 5 years.
- **A separate form must be submitted for each facility, experience or setting.**

To Be Completed By the Applicant:

Applicant Name:		
Name of Facility:		
Address:	**City:**	
State:	**Zip Code:**	**Phone:**

Check the type of PT clinical experience gained: ☐ **Employee** ☐ **Volunteer** ☐ **Observation**

Experience: Check **ONE** of the following experiences / settings which best describes the experience:

☐	**Outpatient** Orthopedic	☐	**Inpatient** Acute Care/Hospital
☐	**Outpatient** Neurologic Rehab	☐	**Inpatient** Sub-Acute
☐	**Outpatient** Pediatrics	☐	**Inpatient** Rehab Hospital/Unit
☐	**Outpatient** School Based Pediatrics	☐	**Inpatient** Home Health Care
☐	**Outpatient** Industrial Rehab	☐	**Other (Please describe)**

Describe the knowledge you have gained from this experience and how this experience has impacted your decision to apply to the PTA program through specific examples and explanations (please type):

****

To Be Completed By the PT or PTA Supervising the Applicant:

- Thank you for allowing the applicant the experience provided
- Please verify the facility information above and complete the information below

The applicant named above completed _____ hrs of clinical experience between the dates of: ____/____/____ to ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Professional and Interpersonal Skills Rating:
Provide feedback on the applicant's professional and interpersonal skills based on your experience/knowledge of the applicant.

Attendance and punctuality:	☐ **Exceeds expectations**	☐ **Meets expectations**	☐ **Unacceptable**
Attitude and engagement:	☐ **Exceeds expectations**	☐ **Meets expectations**	☐ **Unacceptable**
Initiative and motivation:	☐ **Exceeds expectations**	☐ **Meets expectations**	☐ **Unacceptable**
Professional appearance:	☐ **Exceeds expectations**	☐ **Meets expectations**	☐ **Unacceptable**

Name of Evaluator(please print):	**Date:**
Position (PT or PTA):	**Phone Number:**
Evaluator Signature:	**E-mail:**

Please e-mail this form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out this form.